

Foster Family Home - Corrective Action Report

Provider ID: 1-160078

Home Name: Marissa Roman, CNA

Review ID: 1-160078-4

99-056 Iele Place

Reviewer: Carrie Wakai

Aiea

HI 96701

Begin Date: 12/16/2017

End Date: 01/04/2018

Foster Family Home Required Certificate [17-1454-6]

6.d.(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for an increase to 3 client CCFFH certification survey. A corrective action report was issued with all required items due to CTA by 12/30/17.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1) and 7.1(a)(2):

No 2nd fingerprinting present on CG#3 in the Home's binder. APS/CAN/fingerprinting lapsed on CG#1 was due on/or before 7/6/17, done 8/15/17.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)-No documentation of SCGs who conducted a fire drill in the home.

Carrie Wakai rd
Compliance Manager

Marissa Roman
Primary Care Giver

12/16/17
Date

12/16/17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Marissa Roman

CCFFH Address: 99-056 IeIe Place, Aiea HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	2nd set of fingerprinting was done for CG#3 and put in the folder.	12/27/17	I will check on background requirement due dates in my folder monthly. I will call my SCG and remind her 1-2 months before due dates expires.
7.1(a)(2)	The lapsed APS/CAN/ fingerprinting for CG#1 cannot be corrected.	12/29/17	I will check on my requirement due dates in my folder monthly.
45(a)	My SCGs did a fire drill and the documentation is in my folder.	1/04/18	In the future, I will schedule my SCGs to conduct a fire drill at least twice per year.

Primary Caregiver's Signature: Marissa Roman

Print Name: Marissa Roman

Date of Signature: 12/26/17